

City and County of the City of Exeter.



**ANNUAL REPORT**  
(abridged interim report)  
**OF THE MEDICAL OFFICER  
OF HEALTH  
FOR 1940**

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EXETER:

F. E. RADDAN & SON, LTD., COOMBE STREET,  
1941.

I have the honour to present to the Right Worshipful the Mayor, Aldermen and Councillors of the City of Exeter, an interim Annual Report for the year 1940.

In accordance with the instructions of the Ministry of Health, this abridged report has been prepared on the same lines as the report for 1939.

The report deals with the principal vital statistics affecting the City, housing, the inspection of food and drugs, infectious disease, and the work of the Maternity and Child Welfare Department.

The most noteworthy event was the coming into force on 1st April of the Exeter Extension Act, 1939, by which the area of the City was almost doubled. The most important immediate consequence of this extension was the bringing within the City Boundaries of various works and institutions, namely, the Water Works and the Sewage Disposal Works, the Mental Hospital, and the Isolation Hospital. The number of dairy farms within the boundaries was exactly doubled. Only some 2,000 persons were added to the permanent population, and one small elementary school. The extension provides ample room for future growth.

The Registrar General has again furnished two population figures. The first of 73,830 represents the ordinary population at the mid-year and is to be taken as the basis for calculating the vital statistics. The second figure is 79,960, and is the Registrar General's estimate of population at the end of the year, taking into account the full effect of the Boundary Extension and the large movement of population from evacuation areas.

The number of ration books distributed in the City has shown considerable fluctuation. In June, 1940, the figure was approximately 75,000; in January, 1941, 81,000, and the same in July, 1941.

Since such basic vital statistics as the birth rate and death rate are founded upon the estimated population, and since accuracy is difficult in the circumstances, it may be that these indices of the health of the community are less reliable than usual. On the other hand, the infantile mortality and maternal mortality rates are not affected by these difficulties, and we have besides the records of infectious disease, the work of the Child Welfare Department and the results of the Medical Inspection of School Children, from all of which sources we may form some opinion of the health of the community.

The death rate of 13.37 per 1,000 is higher than the City has experienced during the past ten years, but is below the rate for England and Wales as a whole. Actually higher rates up to 15 or so per 1,000 have been experienced since the City reached its present constitution by the inclusion of the Heavitree Urban District in 1913.

The birth rate remains almost unchanged at 13.7. The infantile mortality rate of 38.7 is the second lowest recorded, the lowest being 33.6 in 1935. In this connection it should be

remembered that 1940 was neither a measles nor a whooping cough year, and that no deaths resulted from these diseases which are so fatal to infants and young children. Nearly half the infant deaths recorded were, as usual, neo-natal, that is to say, within the first month. The maternal mortality rate was only 1.8, and there were no deaths from sepsis. These two rates reflect credit on the work of the Maternity and Child Welfare Department and the Exeter Maternity and District Nursing Association working in partnership in these difficult times. If the resistance of the citizens to infectious disease is taken as an index of health, satisfaction may be found in the fact that 360 cases of diphtheria resulted in 6 deaths only, 39 cases of cerebro-spinal fever in 4 deaths, an outbreak of paratyphoid B. affecting 46 persons in the City in no deaths, nor were there any deaths from the 153 notifications of scarlet fever. These figures do not suggest lowered resistance consequent upon war conditions.

On the other hand, deaths due to cancer continue to rise each year. While this rise is undoubtedly due to the larger number of persons now living to ages at which cancer becomes more frequent, it cannot be viewed with complacency. But for the war, the Cancer Act 1939 would have come into operation and schemes for the better diagnosis and treatment of this disease, and for research, would have been undertaken. It is to be hoped that when these schemes do mature they will be formed on a broad regional basis and that they will not be allowed to suffer from the parochialism that has tended to impede the development of plans to prevent and treat tuberculosis during the past thirty years.

There is no evidence from the Child Welfare or School Medical Department of increased malnutrition among children. No doubt, many people are deprived of the quantity and variety of food to which they have been accustomed, possibly with benefit in some cases. How far we lack essential foods cannot be ascertained ; moreover, the results depend on the extent of the shortage and the period of time through which it continues. The consequences of long continued slight shortage may be remote, but nevertheless definite. All we can say is that no serious results can be detected at present. The continued efforts of the Government to secure the equitable distribution of essential foods, and to control prices, may go far to counteract the gloomy prognostications of some dieticians. The encouragement of community feeding for some sections of the population is useful, and such institutions as food advice centres to educate the public are a valuable contribution to the well-being of the community. On the whole, then, it may be said that the health of the City and the activities of the social services have been maintained in spite of difficulties.

I have the honour to be, Ladies and Gentlemen,  
Your obedient servant,  
G. B. PAGE.

# CITY AND COUNTY OF THE CITY OF EXETER.

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## Public Health Committee.

### MAYOR—

R. GLAVE SAUNDERS, ESQUIRE.

### CHAIRMAN—

COUNCILLOR W. W. BEER.

### DEPUTY CHAIRMAN—

ALDERMAN R. M. CHALLICE, J.P.

Alderman W. HEALE.

Councillor E. J. LANGDON.

Alderman J. S. S. STEELE-  
PERKINS, J.P.

Councillor B. S. MILLER.

Councillor W. T. BAKER.

Councillor H. MORTIMORE.

Councillor G. G. DAW.

Councillor Mrs. E. W. REED.

Councillor G. C. HEYWOOD.

Councillor J. D. SEWARD.

Councillor Mrs. E. E. TINKHAM

*Town Clerk*—C. J. NEWMAN, Esq.

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## Maternity and Child Welfare Committee.

### CHAIRMAN—

COUNCILLOR MRS. E. E. TINKHAM.

### DEPUTY CHAIRMAN—

ALDERMAN J. S. S. STEELE-PERKINS, J.P.

Alderman F. H. TARR, J.P.

*Non-Members of the  
Council* :

Councillor G. G. DAW.

Lady DAVY.

Councillor J. W. ACKROYD.

Mrs. DEPREE.

Councillor L. A. GROSE.

Mrs. MILLER.

Councillor W. W. BEER.

Mrs. PICKARD.

Councillor B. L. THOMAS.

Mrs. SMITH, J.P.

Councillor W. E. G. WICKHAM.

**STAFF.****PUBLIC HEALTH OFFICERS OF THE AUTHORITY.****(a) Medical.**

*Medical Officer of Health, School Medical Officer, Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency Committee, and Medical Superintendent of the Isolation Hospital and Honeylands Children's Sanatorium.*

DR. G. B. PAGE.

*Deputy Medical Officer of Health and Clinical Tuberculosis Officer.*

DR. R. P. BOYD.

*Senior Assistant Medical Officer of Health and Assistant School Medical Officer.*

DR. JESSIE SMITH.

*Assistant Medical Officer of Health and Assistant School Medical Officer.*

DR. E. PATTERSON.

*Venereal Disease Medical Officer.*

\*DR. T. M. PREECE.

*Medical Officer, Ante-Natal Clinic.*

\*DR. BERTHA HINDE.

*Dental Surgeon.*

G. V. SMALLWOOD.

*Assistant Dental Surgeons.*

† C. A. REYNOLDS.

FIDDICK.

WEBSTER.

*District Medical Officers under the Public Assistance Committee.*

- \*No. 1 District. DR. C. W. MARSHALL.
- \*No. 2 District. DR. G. S. STEELE-PERKINS.
- †\*No. 3. District. DR. J. R. BRADSHAW.
- †\*No. 4 Disrrict. DR. J. C. HEAL.

*Public Vaccinator.*

\*DR. S. J. P. GRAY.

*(b) Others.**Chief Sanitary Inspector and Officer under the Food and Drugs Adulteration Act, etc.*

ARTHUR E. BONHAM, M.B.E.

*Deputy Sanitary Inspector.*

A. E. TROUNSON.

*Assistant Sanitary Inspectors.*

- T. COATES.
- G. E. BORLACE.
- A. C. LEWIS.
- †H. R. AMBROSE.

*Public Analyst.*

\*T. TICKLE.

*Vaccination Officer.*

E. S. HOWELLS.

*Superintendent Health Visitor.*

MISS C. A. KNUCKEY.

*Health Visitors.*

- MISS B. M. KNUCKEY.
- MISS M. M. FOY.
- MISS D. HICKSON.
- MISS G. LUNN.
- MISS A. H. EDDS.
- MISS D. KERRIDGE.
- MRS. F. M. HOCKING.
- MISS M. E. BLACK } Temporary.

*Tuberculosis Dispensary Nurse.*

MISS E. K. SHEPPARD.

*Matron of Isolation Hospital.*

MISS R. E. A. HUTTY, A.R.R.C.

*Matron of Tuberculosis Children's Sanatorium.*

MISS F. JONES.

*Clerks.*

E. S. HOWELLS (Chief Clerk).

C. A. MERRICK.

H. TUCKER (A.R.P. Clerk).

MISS S. R. TAYLOR. } Maternity and Child

MISS V. JORDAN. } Welfare Clerks.

†E. W. H. ELLCOMBE.

†R. W. STILES.

†R. J. BARKER (Tuberculosis Clerk).

†S. SNELL.

†C. G. SEAMARK.

I. ALFORD.

MRS. M. G. HARDING } Temporary.

MISS B. J. HANKS. }

\* Denotes part-time officers.

† On Active Service.

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# ANNUAL REPORT, 1940.

## General Statistics.

1. Area (acres) .....	.....	.....	.....	9,127.025
2. Population (as given by the Registrar-General) .....	.....	.....	for vital statistics at end of 1940.	73,830 79,960
3. Number of Inhabited Houses (1931) .....	.....	.....	.....	15,686
4. Number of Inhabited Houses (end of 1940) according to Rate Books.....	.....	.....	.....	20,046
5. Number of Families or Separate Occupiers (1931 Census) .....	.....	.....	.....	17,025
6. Rateable Value .....	.....	.....	.....	£745,850
7. Sum represented by a Penny Rate .....	.....	.....	.....	£2,822

## Vital Statistics.

	Total	M.	F.	
Live Births	947	470	477	<i>Birth Rate per 1,000 of the estimated resident population 13.7.</i>
{ Legitimate	947	470	477	
{ Illegitimate	65	35	30	
Stillbirths .....	37	19	18	<i>Rate per 1,000 total (live and still) births 33.7.</i>
Deaths .....	1083	526	557	<i>Death Rate per 1,000 of the estimated resident population 13.37</i>
Deaths from puerperal causes (Headings 29 and 30 of the Registrar-General's Short List) :—				<i>Rate per 1,000 total (live and still) births.</i>
No. 29 Puerperal sepsis .....	Nil.			—
No. 30 Other puerperal causes .....	2			1.8
Total .....	2			—
				Rate 1.8

### Death-rate of Infants under one year of age :—

All infants per 1,000 live births .....	.....	.....	38.7
Legitimate infants per 1,000 legitimate live births .....	.....	.....	40.1
Illegitimate infants per 1,000 illegitimate live births .....	.....	.....	46.1
Deaths from Measles (all ages) .....	.....	.....	Nil.
,,   ,, Whooping Cough (all ages) .....	.....	.....	Nil.
,,   ,, Diarrhoea (under 2 years of age) .....	.....	.....	5

## BIRTH RATE.

The following table gives the Birth Rate and percentage of illegitimate births to total births for the past 10 years :—

Year.	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
England and Wales	15.8	15.3	14.4	14.8	14.7	14.8	14.9	15.1	15.0	14.6
Exeter .....	14.2	14.3	13.9	15.05	14.3	13.3	14.1	14.6	13.4	13.7
Percentage of Illegitimate Births to total births.....	5.03	4.6	5.8	6.07	6.1	4.8	4.8	4.9	3.5	6.4

## DEATH RATE.

The crude Death Rate for 1940 was 14.7 and the corrected Death Rate 13.37.

Below is a table giving the corrected Death Rate for the past 10 years :—

Year.	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
England and Wales	12.3	12.0	12.3	11.8	11.7	12.1	12.4	11.6	12.1	14.3
Exeter .....	10.8	9.8	10.7	10.00	10.3	11.3	11.1	11.1	11.1	13.37

## INFANTILE MORTALITY.

The Infantile Mortality Rates for the year ended 1940 were as follows :

England and Wales .....	55
126 Great Towns, including London (census populations exceeding 50,000— .....	61
148 Smaller Towns (census populations 25,000— 50,000) .....	54
London .....	50
Exeter .....	38.7

The following table shows the Infantile Mortality Rate in Exeter for the past ten years.

Year.	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
England and Wales	66	65	64	59	57	59	58	53	50	55
Exeter	56.7	53.6	47.8	55.8	33.6	62.3	56.1	56.4	42.1	38.7

26 of the 41 deaths were due to congenital causes and prematurity. 21 being deaths under one month.

#### HOSPITALS, CLINICS AND TREATMENT CENTRES.

Up to the out-break of War there was no change. Thereafter the principal hospitals became part of the Emergency Medical Scheme of the Ministry. See also M. & C. W. Section.

#### AMBULANCE FACILITIES.

(a) For infectious diseases :—

Two motor ambulances.  
One utility motor van for dis-  
charging cases. } Provided by the Council.

(b) For non-infectious cases and accidents :—

One motor ambulance provided by the Police and one motor ambulance provided by St. John Ambulance Association. The Council contributes £100 per annum towards the latter. The provision is adequate for the ordinary needs of the City and surrounding district.

Civil Defence ambulance provision is not included.

#### BLIND PERSONS ACT, 1920.

Number on Register 1st January, 1939	....	212
Since added	....	13
Died, transferred, removed, etc.	....	25
Number on Register, 31st December, 1940	....	200

All of those certified were over 50 years of age.

*Evacuation.* At the end of the year, 90 of the blind persons who had been evacuated to Exeter were still here. This figure relates to registered blind and does not include unregistered persons or dependents.

### LABORATORY WORK.

All pathological and bacteriological work is carried out at the Laboratory of the Royal Devon and Exeter Hospital, under the direction of Dr. W. A. Robb, with the exception of those examinations which are made at the Tuberculosis Dispensary. The usual routine examinations are carried out free, but swabs from diphtheria contacts are only undertaken without charge if the Medical Officer of Health has been first consulted.

#### *Examinations made :—*

##### For diphtheria :—

(a) Primary investigations, including contacts	.....	2291
(b) Others	.....	3132

##### For streptococci

.....	.....	.....	29
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##### For Enteric Fever :—

Widal	.....	.....	.....	52
Blood Culture	.....	.....	.....	4
Faeces culture	.....	.....	.....	199
Urine culture	.....	.....	.....	112

##### FOR V.D. DEPARTMENT :—

For detection of spirochetes	.....	.....	.....	4
For detection of gonococci	.....	.....	.....	355
For Wasserman reaction	.....	.....	.....	316
Others	.....	.....	.....	36

##### For T.B., excluding examinations at Tuberculosis Dispensary, *q.v.* :—

Sputum	.....	.....	.....	1
Others	.....	.....	.....	4

##### Miscellaneous Examinations :—

Cerebro-spinal fluid	.....	.....	.....	51
Others	.....	.....	.....	66

## HOUSING.

## (a) Statistics.

1.	<i>Inspection of Dwelling-houses during the year :—</i>	
(1)	(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .....	173
	(b) Number of inspections made for the purpose .....	231
(2)	(a) Number of dwelling-houses (included under sub-head (1) of above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1932 .....	—
	(b) Number of inspections made for the purpose .....	—
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	53
2.	<i>Remedy of defects during the year without Service of Formal Notices :—</i>	
	Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers .....	43
3.	<i>Action under Statutory Powers during the year :—</i>	
(a)	Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs .....	1
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
	(a) By owners .....	—
	(b) By local authority in default of owners .....	—
(b)	Proceedings under Public Health Acts :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .....	9
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
	(a) By owners .....	8
	(b) By local authority in default of owners .....	1
(c)	Proceedings under sections 11 and 13 of the Housing Act, 1936 :—	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made .....	1

(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders	.....	.....
(d)	Proceedings under section 12 of the Housing Act, 1936 :—		
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	.....	.....
(2)	Number of separate tenements or underground rooms of which Closing Orders were determined the tenement or room having been rendered fit	.....	.....
4.	<i>Housing Act, 1936. Part IV. Overcrowding :—</i>		
(a)	(1) No. of dwellings overcrowded at end of year	.....	25
	(2) No. of families dwelling therein	.....	29
	(3) No. of persons dwelling therein	.....	155
(b)	No of new cases of overcrowding reported during the year	.....	16
(c)	(1) No of cases of overcrowding relieved during the year	.....	11
	(2) No. of persons concerned in such cases	.....	48
(d)	Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	.....	Nil.

#### ERADICATION OF BED BUGS.

1.	(a)	No. of Council houses found to be infested	.....	35
		No. of Council houses dis-infested	.....	35
	(b)	No. of other houses found to be infested	.....	27
		No. of other houses dis-infested	.....	27

#### 2. *Methods employed.*

Where possession can be obtained, the whole of the interior is fumigated (after easing skirting boards, picture rails, and in some instance floor boards) with flowers of sulphur, to which cayenne pepper is added in the proportion of 1 oz. of cayenne pepper to 10 lbs. of flowers of sulphur—the same being evenly mixed before ignition. The dose is repeated after the expiration of 7 days.

Where fumigation cannot be carried out the treatment is spraying with solution "D," obtained from Messrs. R. Summer & Co., Liverpool.

#### 3. *The methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council houses.*

In all cases where vermin is proved to exist, articles that cannot be treated with steam are carefully sprayed with solution as described under (2) above and are removed from the premises, while bedding, clothing, etc., is removed to the steam disinfecter and afterwards returned to the new premises.

4. The work of disinfection is carried out by the Local Authority free of cost.
5. In cases where it is found necessary to disinfect furniture, etc., before the removal of families from unfit houses to Council houses the latter are visited by a Sanitary Inspector who makes tactful inquiries to ascertain if the measures taken were successful. Up to the present, their visits have been appreciated by the tenants.

### DAIRIES, COWSHEDS AND MILKSHOPS.

Consequent upon the extension of boundaries, while there is only a slight increase in the number of retail milk shops, there is a substantial increase in the number of cowsheds.

On the register there are 117 Dairies, Milkshops and Milk-stores (in which cattle are not kept) for the sale of milk by retail. For the production of milk for sale wholesale and/or retail there are 34 Dairies in which cattle are kept.

The number of producers occupying farms situate outside the district who supply milk wholesale to Exeter traders is approximately 240, the decrease being similarly due to extension of the boundaries.

### THE MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Licences for graded milks were issued as follows :—

#### *Tuberculin Tested :*

Production only	.....	.....	.....	1
Combined Production and Bottling	.....	.....	.....	1
Dealers and Supplementary	.....	.....	.....	17

#### *Accredited :*

Production only	.....	.....	.....	7*
Combined Production and Bottling	.....	.....	.....	1
Dealers	.....	.....	.....	2

#### *Pasteurising establishments :*

Production only	.....	.....	.....	4
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\* Licensed by Devon County Council and transferred upon extension of boundaries.

#### SAMPLES EXAMINED:

Designation.	No. unsatisfactory.	No. within the Standard of Cleanliness.		Total.
		.....	.....	
Tuberculin tested	7	34	.....	41
T.T. Pastuerised	6	2	.....	8
Accredited	29	8	.....	37
Pastuerised	15	*19	.....	34

\* B.coli presumptive in two of these samples, viz. 1/1,000 and 1/10,000 millilitres respectively.

#### *Tuberculosis and Cleanliness.*

Thirty-six samples were examined, all of which except 3 were of milk produced in the County of Devon. Of these samples 22 did not reach the standard of cleanliness required for graded milk.

The samples were from T.T. and Accredited as well as ordinary herds.

Tubercle bacilli were found in 7 samples; 6 of these were from milk produced in the County and one from milk produced within the City Boundaries. These cases were promptly reported to the Veterinary Officer of the Ministry of Agriculture.

In the case of the 6 infected samples of milk produced in the County, one was from a T.T. herd and 3 were from "Accredited" herds.

### ICE CREAM.

All manufacturers and vendors of ice cream in the City are registered under the Corporation Act, 1928. The premises and appliances are periodically inspected. Samples were taken for examination as follows:—

For chemical purity	.....	.....	.....	.....	.....	11
For cleanliness	.....	.....	.....	.....	.....	11

All were certified satisfactory as regards chemical purity, but only one sample reached the "Accredited" Milk standard of cleanliness. In 5 samples the B.coli presumptive test was positive in 1/10,000 millilitres.

In one of the latter cases the manufacturer submitted two further samples for bacteriological examination and these were found to be very satisfactory, the respective bacterial counts being 3,040 and 6,000 per millilitre, with B.coli entirely absent from 1 millilitre. *He had discontinued the use of milk in the production of his ice cream.*

It is essential that the ingredients used shall be wholesome and in particular that milk or milk products shall be clean. Much of the trouble in this connection would disappear if manufacturers and vendors had a real appreciation of the need for cleanliness at all stages in the production and distribution of this commodity.

### PUBLIC ABATTOIR AND MEAT INSPECTION.

The Ministry of Food assumed control of the Abattoir on January 15th, 1940, and centralised there the slaughtering of food animals to serve the following districts in East Devon:—

City of Exeter	Ottery St. Mary
Exmouth	Chagford
Sidmouth	Dawlish
Crediton	Budleigh
St. Thomas R.D.	

whose combined war-time population, excluding the Services and holiday-makers, is approximately 180,000.

In addition a considerable amount of slaughtering has been done for London and other districts. The work of meat inspection has consequently been very heavy and is reflected in the following tables.

commenced 15.1.40) and at Private Slaughtershouses 1.1.40 to 14.1.40 ; including the City Mental Hospital and St. Thomas Public Assistance Institution.

	Beasts	Calves.	Sheep and Lambs.	Pigs.
Number killed including dressed carcasses	7331	3984	43024	8939
' Number inspected	7280	3984	42849	8904
<b>All Diseases except Tuberculosis :—</b>				
Whole carcasses condemned .....	40	24	307	195
Carcasses of which some part or organ was condemned .....	455	66	3408	2725
Percentage of number inspected affected with disease other than Tuberculosis	6.80	2.26	8.67	32.54
<b>Tuberculosis only :—</b>				
Whole carcasses condemned .....	58	3	—	22
Carcasses of which some part or organ was condemned .....	474	5	—	372
Percentage of the number inspected affected with Tuberculosis	7.30	.20	—	4.42

In addition to the above the following were condemned at the Local South Western Wholesale Meat Supply Association

### Depots :—

POT

### Whole carcasses

Part carcasses and/or organs from Beef 19.  
" " " " Veal 2.

WEIGHT OF MEAT AND OTHER FOODS SEIZED OR  
SURRENDERED DURING 1940.

	Tons.	Cwts.	Qrs.	Lbs.
Whole carcases including offals on account of Generalised Tuberculosis .....	16	6	2	12
Parts of carcases and offals, on account of Localised Tuberculosis .....	13	6	1	13
Whole carcases including offals on account of diseases or conditions other than Tuberculosis .....	26	2	1	7
Parts of carcases and offals, etc., on account of Local affections other than Tuberculosis .....	31	3	0	21
Imported Meat and Oftals .....	1	18	3	12
Other Foods, including fish .....	3	8	2	11
 Total weight of Meat and other Foods seized or surrendered during 1940 .....	94	5	3	20

FOOD AND DRUGS ACT, 1938.

Altogether 157 formal and 63 informal samples were examined. Of these 15 formal and 2 informal were found to be adulterated or deficient. These unsatisfactory samples comprised, New Milk (14), Lard (1), Ammoniated Tincture of Quinine (1), and Seidlitz Powder (1).

*Milk.*

103 samples of new milk and 4 samples of skimmed milk were examined, making a total of 107 samples. Of these 14 samples of new milk were adulterated or deficient, but the skimmed milk samples were all certified genuine.

The percentage of adulterated or deficient milk samples is therefore 13.08 as against 14.58 in 1939.

*Sausages.*

16 formal samples were taken and all certified genuine.

LEGAL PROCEEDINGS.

Offence.	Result.
Selling milk 50% deficient in fat.	Fined £3.
Selling milk 31% deficient in fat.	Fined £1.
Selling milk (wholesale) 20% deficient in fat.	Dismissed. Hunt v. Richardson successfully pleaded.
Not being licensed, did unlawfully use the special designation " Accredited Milk "	Fined £2.

## THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS.

Every sample of food taken was examined for the presence of preservatives, and no offence committed.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

There was again an increase in the number of cases of *diphtheria* notified, coincident with an increase in the rest of the country. In fact, diphtheria must now rank as a war disease. There were 360 cases notified with 6 deaths, against 171 with 6 deaths in 1939, and 39 cases with no deaths in 1938.

The increase appears to have been brought about by the large movements of population due to war conditions, by temporary overcrowding of homes and schools, and by defective ventilation consequent upon blackout requirements. The prevalence of diphtheria is not related to the nutrition of the people, which on the whole remains good. The disease has been of average severity. Fatal cases are invariably due to failure to obtain treatment sufficiently early. An interesting feature of diphtheria in this district is the large proportion of adults involved. Over 15 % of the notifications relate to patients over fifteen years of age, more than half of these being aged between twenty and forty-five. Examination of the Isolation Hospital records shows that proved cases of diphtheria among adolescents and adults during the past three years has varied from 15% to 21 %, against an expected incidence of about 10 %. Examination of the sources of these infections suggests the desirability of Schick testing with subsequent immunisation of positive reactors of all hospital staffs and the staffs of juvenile institutions, in addition to the usual practice of immunising isolation hospital staffs and juveniles. For many years past the Exeter City Council has supplied, with the approval of the Ministry, free of cost, material for diphtheria prophylaxis to all juvenile institutions in the City. At the present time only one group of institutions (for low-grade mental defectives) does not practice immunisation.

Schick testing and consequent immunisation has also been practised among the domestic and nursing staff at the Isolation Hospital for a long time. On the advice of the Medical Officer of Health, the same procedure has been adopted by the large voluntary hospitals, one of which had experienced much inconvenience from recurrent outbreaks of diphtheria.

During the year the Public Health Committee had under consideration an immunisation scheme for the general public. It was decided to offer immunisation free to all persons under sixteen years of age, and at a single prepayment of 2s. 6d. per

head to all persons over sixteen years of age resident in the City. Arrangements were made for the necessary publicity and for convenient centres for the work. The first centre opened on 4th November, and following the excellent response it was found necessary to provide five sessions per week in various parts of the City. We could, in fact, have filled further sessions if staff had been available. The method employed is to give two doses of alum precipitated toxoid (A.P.T.) to children at an interval of 4 weeks. The initial dose is usually 0.2 cc., but we have used 0.5 cc. for young children in many cases. The final dose is always 0.5 cc. The reason for the larger initial dose in young children is that it is known to be more difficult to stimulate the production of immunity in them. For adults we have used three injections of T.A.M. or T.A.F. at fortnightly intervals. These antigens are also used occasionally for children who react unfavourably to A.P.T. On 7th December, 1940, there was published Ministry of Health Circular 2230 dealing with the Prevention of Diphtheria, and arranging, among other things, for a free supply of A.P.T. to local authorities.

During the first month of the scheme over 1000 immunisations were completed, and since then the work has gone ahead steadily. The total number of immunisations completed under the Scheme up to 30th June, 1941, was 4877 children and 133 adults, exclusive of work done at Institutions. By the end of 1941 it is hoped that substantial progress will have been made. The work has been carried out entirely by the Council's staff, and it is interesting to note that the public scheme has stimulated a considerable demand for immunisation at the hands of the family doctor privately.

In the matter of propaganda, it is our experience that the Wireless and the Cinemas yield the best results.

There was a decrease in the number of cases of *scarlet fever* notified, namely, 153 against 199 the previous year. The type was again mild with few complications. Having regard to the increased population, particularly children, this is satisfactory. When proper facilities for home nursing and isolation exist, it is an advantage not to remove these mild cases to hospital. When *scarlet fever* patients have to be nursed in large hospital wards, there is always present the risk of picking up some other type of streptococcal infection. There is no doubt that some of the complications of *scarlet fever* are brought about in this way.

*Cerebro-spinal fever* is a disease associated with war conditions. Its spread is favoured by the aggregation of susceptible persons, especially young adults such as recruits, under relatively poor hygienic conditions. A very large number of notifications was recorded in the country generally and we were fortunate in only having 39 with 4 deaths in the City. Most of these occurred in the early months of the year, the first case being that of a soldier notified on 16th January. The accompanying table shows that all age periods except infants were affected.

Formerly this was a very fatal disease, with a case mortality of anything from 25% to 75% or more. The discovery of the sulphonamide compounds, particularly sulphapyridine, has changed the picture completely. In average hospital practice, allowing for late diagnosis, aberrant and fulminating cases, the mortality should not exceed 8-10%. It has been shown over and over again that during prevalence of this disease carriers greatly exceed cases. The causal organism has little viability apart from its human host, so that the ritual disinfection usually practised by sanitary authorities after the removal of patients would appear to be unnecessary. Thorough cleaning and ventilation of sick rooms is sufficient. The Ministry of Health advises the exclusion of school contacts for three weeks on general grounds, but does not advise any particular action in respect of adult contacts except in special circumstances. (See Ministry of Health Memo. No. 234 Med.).

Previous to this outbreak of cerebro-spinal fever and possibly predisposing to it, there occurred a very large number of cases of *epidemic catarrh* popularly called influenza. There is general agreement among experienced medical practitioners that this disease was not true influenza. It lacked the sudden onset, intense prostration and tardy convalescence of that disease. The disease was an infectious febrile catarrh of the upper respiratory passages, and its most characteristic feature was a tendency to laryngitis, tracheitis or both. It is also understood that aural complications were fairly common. The inflammation of the wind-pipe (tracheitis) gave rise to an irritating dry cough which persisted when other symptoms had disappeared. As neither true influenza nor the condition described are notifiable, it is impossible to say more than that the disease was very widespread. A considerable number of cases from the Services had to be admitted to various hospitals at a time when the staffs were depleted from the same cause.

A sharp outbreak of *paratyphoid B* occurred during July and August. This affected 46 persons in the City and 14 in the surrounding rural area. Women and children predominated. Clinically the disease was mild. Investigation pointed strongly to confectionery as the means of spread. Two temporary carriers were detected and eliminated from a bakehouse. Thereafter the outbreak subsided. Circumstantial evidence suggested that artificial cream may have become contaminated at some period in the first half of July.

A full report was submitted to the Ministry of Health and the Public Health Committee of the Council. As this contains some interesting features, part of it is reproduced below.

No cases of this disease were notified between December, 1939, and the 30th May, 1940. On the latter date a married woman was notified, the date of onset being stated as 23rd May. She was the proprietress of a boarding house, but no secondary cases occurred. On 5th June a schoolgirl was notified,

with date of onset given as 28th May. No connection between these cases was discovered. The origin of the schoolgirl's illness is not known. The married woman's illness was attributed to cockles from the Exe estuary, a prohibited area, as she was in the habit of obtaining these shell-fish privately. No further cases were notified until the 28th July, when a young man who had been working for some weeks past in Axminster, going to and fro carrying his food, was notified, with alleged date of onset 18th July. On 31st July a mother and two children (Mrs. X.) were notified, and if dates of onset are taken rather than dates of notification, there were 36 cases in July and probably two others whose onset was indefinite. Again taking dates of onset rather than dates of notification, there were 6 cases in August and 2 in September. This makes 46 cases in the City. During the same period there were 14 cases in the Rural district round the City, including 4 proved to be secondary cases by reason of an infected water supply. There were other cases in the county area which did not come to our notice directly for various reasons; and, owing to the general prevalence of paratyphoid B. up and down the country at this time, it is not possible to connect them all with the Exeter outbreak.

The notification of the X. family on the 31st July and the fact that several doctors reported suspicious cases, suggested the imminence of an outbreak in Exeter and enabled certain steps to be taken forthwith. These steps were: To notify all local practitioners by circular that an outbreak of paratyphoid seemed likely and to draw their attention to the facilities for early diagnosis. To examine the water supply, both generally and in certain localities, in co-operation with the City Surveyor. To examine certain milk and food supplies, and to inform adjacent Health Authorities, as well as the Ministry of Health in London and the Regional Office of the Ministry at Bristol, of the position. These steps were justified by the event, as 3 notifications were received on the 1st August, 2 more on the 2nd, 5 on the 3rd, 6 on the 4th, and further notifications on various dates throughout the month. As already stated, investigations proved that the majority of these had their onset some time during July.

As the Isolation Hospital was already busier than normal for the time of year, it became necessary to find alternative accommodation and arrangements were made with the Management Committee of the City Hospital to take over temporarily certain wards in that Institution. From an early date it was obvious that the outbreak was affecting mainly women and children. There were 8 men of 16 years or over, 20 women of 16 years or over, 8 boys under 16 and 10 girls under 16.

A great majority of the cases were mild and many of them began to recover on admission to Hospital. There were no deaths and no serious complications. The diagnosis was confirmed in every case by laboratory methods, in the great majority of instances by the recovery of the organism from the faeces. All

the 14 cases sent to Hospital from the rural area recovered, but the baby of one patient, admitted as late as 16th September, died on the day of admission, with a diagnosis of pneumonia and enteritis. A diagnosis of paratyphoid B. could not be made either before or after admission, although this would seem to be the probable cause of the child's fatal illness. For this reason the case cannot be included in the 14 cases from the surrounding rural area.

The four secondary cases from an infected water supply occurred in a village outside the City. The patient's stools had been put down the drain in the ordinary way before his removal to Hospital. The drain was defective and passed within 4 ft. of a well beneath a house. The brickwork of the well was also defective. The well water was found to contain bacillus coli in 1/10 of a cc. At the request of the Sanitary Authority concerned, the City Surveyor arranged for a temporary supply of Exeter water. This will be converted into a permanent supply, as the village is within the Exeter distribution area.

Paratyphoid fever, unlike typhoid fever, is not commonly conveyed by water, although water borne epidemics have been recorded. Nevertheless it was considered desirable to thoroughly investigate this possibility, in spite of the fact that the water supply is regularly and frequently examined bacteriologically and gives good results. It is sufficient to say that it was possible to eliminate the water supply at a very early date, not only on its own merits, but with the help of Dr. W. J. Doyle, Medical Officer of Health of the St. Thomas Rural District, who was able to prove that some of the cases in his area had not consumed any Exeter water and were, moreover, primary cases. Dr. Doyle gave a great deal of time to assisting the Exeter Health Department, and I would take this opportunity of thanking him.

There was no common milk factor, although the intricacies of the milk trade made it a rather difficult and tedious business to eliminate this possibility. Previous experience shows that outbreaks of paratyphoid B. are very frequently associated with the accidental contamination of bread, cakes and other confectionery. This fact, and certain information which came to our knowledge, particularly in the case of the X. family, led the Health Department to investigate the possibility of infection from this source, at the same time as the other possibilities were being considered.

The experience of the X. family is interesting. Mrs. X. attributed her illness and that of her children to having consumed a trifle purchased at a certain shop and made with artificial cream, at a particular meal on a particular date. Her husband did not partake of this. On the other hand, of three visitors from Somerset who partook of this meal and then returned home, one certainly developed paratyphoid subsequently. Steps were taken to have the origin of the artificial cream examined at this bakery,

and similar steps were taken in respect of several other bakeries which might have been implicated, both as regards artificial and real cream, also as regards illness among staff. As the outbreak continued, a considerable amount of evidence accumulated which pointed to this particular bakery as the probable origin of the infection. Not all the patients admitted to having eaten confectionery containing artificial cream, but the vast majority, both in Exeter and outside, had eaten confectionery of one sort and another during the relevant period from this establishment. As an enquiry into the previous health of the staff, including bakers, shop assistants and van men did not yield any definite information, it was decided to ask these persons to submit to a blood test (Widal reaction). Accordingly, 18 employees were tested on the 12th August. Four of these yielded interesting results and 2 were significant. In the case of these 2, paratyphoid bacilli were recovered from the stools on the first attempt in one case, and on the fourth attempt in the other. Both these were youths ; the first had had an indefinite illness during the latter part of July, which might have been an abortive attack of paratyphoid. The other gave no history whatsoever, but produced a Widal reaction for paratyphoid B. up to a titre of 1 in 2,000. As soon as any suspicion attached to these two persons, their work was stopped under the Infectious Diseases Regulations, 1927.

In addition to the above, two persons, with a history of enteric fever, working in this establishment, were investigated with negative results.

While these investigations were in progress a number of general investigations were made in similar establishments. As the Exeter outbreak was preceded by an outbreak in Bristol, it was thought desirable to look very carefully into certain firms having connections with that City. Nevertheless, nothing was discovered to suggest that the Exeter outbreak had come from Bristol.

Carriers of paratyphoid B. must be very common. With the frequent changes of staff and employment of temporary staff necessitated by the war, it is not surprising that there has been a general rise in the incidence of this disease during the past summer. Food is also subject to more handling than in normal times. As already stated, milk supplies were one of the first sources investigated. In order to illustrate the difficulties and pit-falls involved, it may be mentioned that one large firm in this City supplies either regularly or occasionally over 50 retailers, besides retailers in the surrounding district, and is itself a retailer as well as a wholesaler.

In an outbreak of this sort involving all sorts of people, scattered over a fairly wide area, the chances of spread are enormously increased by the possibility of mild undetected cases, or cases in an early stage of illness, arising among people working in the various food trades. With the elimination of the two carriers mentioned, the outbreak began to subside. There were

only 3 cases notified in the second half of August and 3 altogether in September.

Regarding the two known carriers, one of them gave no history of illness of any sort or kind. It is possible to be a temporary excreter of pathogenic organisms without suffering from the actual disease. Subsequent laboratory investigations carried out in Exeter and London suggest that this was the case, but the point is, we do not know how long this young man had been excreting paratyphoid B. bacilli, nor do we know where he contracted his infection. The other carrier was also a temporary excreter. There is a strong probability that he had an abortive attack of paratyphoid B. between the 25th July and the 5th August, when he was at home ill with severe headache, fever and loss of appetite. This information was not given when the staff of the establishment under suspicion was first interrogated. If this is correct, this temporary carrier could not have caused the outbreak, but was himself a victim of the outbreak, since it is clear that the majority of our patients were infected some time during the second week of July, or thereabouts. Nevertheless, it was obviously important to eliminate him, as he was capable of causing a continuance of the epidemic.

Having regard to the various case histories, I am inclined to believe that somehow or another the bulk supply of artificial cream became contaminated, possibly over quite a short period and that this started the trouble. Subsequently, other kinds of confectionery may have become contaminated by one or other of the temporary carriers.

It cannot be known too widely that if persons engaged in the food trades practised strict habits of personal cleanliness, outbreaks of such diseases as paratyphoid would be far less common. Carriers, whether temporary or chronic, who are careful to thoroughly wash their hands after voiding urine or faeces, are unlikely to be a source of danger. With this fact in mind, and with the co-operation of the Exeter Branch of the Master Bakers' Federation, a short plainly worded circular was drawn up and distributed to all members of the trade in the district. Two colleagues asked for a quantity of copies, so that the circular has covered a wide area in this part of Devon.

Between 4th August and 12th September 17 women and children were treated at the City Hospital. All the other patients were treated at the Isolation Hospital, excepting three or four sent to the Royal Devon and Exeter Hospital under other labels and subsequently diagnosed and retained there, also one case diagnosed in a nursing home.

All the 51 persons notified in the City during the year as enteric fever were examples of paratyphoid B. infection. There were no cases of typhoid fever.

The 22 cases of *dysentery* notified during the year were all due to infection by the Sonne bacillus. It will be seen that *measles* was moderately prevalent with 184 notifications and that there were only 174 cases of *whooping cough* notified. There were no deaths recorded from these last two causes.

## NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Cases Notified.												Deaths.										
	Under 1	2	3	4	5	10	15	20	35	45	65 & over	Total	Under 1	2	3	4	5	10	15	20	35	45	65 & over
Diphtheria (including Membranous Croup)	1	9	19	25	25	155	71	25	26	4	360	361	1	2	2	1						6	
Scarlet fever	....	....	1	4	6	10	9	53	26	11	5	5	153	140									
Enteric Fever	....	....	....	1	4	3	11	6	7	11	5	3	51	45									
Dysentery	....	....	....	4	4	2	1	1	2	3	3	2	22	2									
†Puerperal Pyrexia	....	....	....	....	....	....	....	4	27	7	38												
*Pneumonia	....	....	....	2	4	1	3	6	7	4	10	5	17	15	78								
Erysipelas	....	....	....	1	1	1	3	1	1	2	3	5	11	8	33	7							
Cerebro-Spinal Fever	....	....	....	2	1	1	3	4	7	7	5	3	1	39	32								
Poliomyelitis	....	....	....	....	1	1	1	1	2	2					3	1							
Whooping Cough	....	....	....	6	15	18	19	19	80	12	2	3			174								
Measles	....	....	....	11	63	83	88	106	404	32	15	19	1	2		884							
Ophthalmia Neonatorum	....	....	....	....	....	....	....	....	....	....	....	....	4										

\* Deaths from cases notified and not total number of deaths.

† Some of these cases were admitted to the Local General Hospital from the County Area for diagnosis and notified by the Hospital authorities.

## VACCINATION.

No primary vaccinations were carried out by the Medical Officer of Health or his staff under the Smallpox Regulations, 1917.

The latest statistics are for the year 1939 and are as follows :—

Births registered	.....	.....	.....	1210
Vaccinated	.....	.....	.....	549
Insusceptible	.....	.....	.....	2
Statutory Declaration received	.....	.....	.....	548
Died unvaccinated	.....	.....	.....	39
Postponed	.....	.....	.....	4
Removed to other districts	.....	.....	.....	58
Removed to places unknown	.....	.....	.....	4
Unaccounted for	.....	.....	.....	6

It will be noted that 45.3 per cent of the infants were vaccinated, which is 1.2 per cent below that of the previous year.

The partially protected condition of the population cannot be considered satisfactory.

Cases of post-vaccinal encephalitis—Nil.

## CANCER.

The following table shows deaths from cancer during the past ten years.

Year.....	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Deaths	96	116	108	121	127	124	117	121	127	144

The next table shews deaths from cancer during the past year according to age periods and sex.

0-1	1-2	2-5	5-15	15-45	45-65	65 & over	Total
M	F	M	F	M	F	M	F
—	—	—	—	—	1	3	—
—	—	—	—	4	24	28	39
—	—	—	—	28	39	45	66
—	—	—	—	78	78	78	78

The facilities for diagnosis and treatment were fully described in the report for 1936. There has been no change.

## TUBERCULOSIS.

The Institutional accommodation for men has been reduced temporarily, owing to the necessity of using one block of 12 beds at the Isolation Hospital for fever cases. On the other hand, a ward for men has been made available at the City Hospital.

This arrangement cannot be regarded as satisfactory.

The root cause of the trouble is the shortage of beds for infectious disease in the County area which is also a reception area.

The following figures show at a glance the main facts of the tuberculosis statistics for the City during 1940 :—

Total cases on Register, 1st January								530
Pulmonary								368
Non-Pulmonary								162
Total notifications received after deduction of 16 duplicates, but including 20 inward transfers								147
Pulmonary								116
Non-Pulmonary								31
Deaths during the year								49
Pulmonary								46
Non-Pulmonary								3
Outward transfers								44
Pulmonary								39
Non-Pulmonary								5
Total cases on Register, 31st December								560
Pulmonary								380
Non-Pulmonary								180

The following table shows notifications and deaths during the year arranged according to ages.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	1	2	1	—	—	—	1
5	3	1	3	2	—	—	—	—
10	3	4	2	1	—	—	—	—
15	5	4	2	1	2	1	—	1
20	10	11	1	—	1	2	—	—
25	17	15	5	—	6	2	—	—
35	10	4	3	3	6	2	—	—
45	10	8	—	2	11	2	—	—
55	5	4	1	1	6	1	1	—
65 and upwards	1	—	—	1	2	2	—	—
Totals	64	52	19	12	34	12	1	2
	147				49			

Only 1 case was not notified before death. This was probably notified to the proper authority before the extension of the City Boundary.

## INSTITUTIONAL TREATMENT.

*Tuberculosis Wards, Whipton Hospital.*

Remaining under treatment on 1st January 1940			Admitted during the year			Discharged during the year			Deaths during the year.			Remaining under treatment 31st Dec., 1940.		
M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
5	9	14	20	25	45	14	19	33	4	3	7	7	12	19

*Honeylands Children's Sanatorium, Whipton.*

Remaining under treatment 1/1/40.			Admitted during the Year.			Discharged during the Year.						Remaining under treatment 31/12/40									
M	F	TOTAL	M	F	TOTAL	Improved	Quiescent	Not Tuberculosis	To C.I.H.	Mistaken	Diagnosis	Total	Quiescent	Much Improved	To C.I.H.	Transferred	Not T.B.	Total	M	F	TOTAL
12	7	19	10	4	14	1	9	—	—	—	10	10	1	1	—	—	1	3	12	8	20

*Royal National Sanatorium, Bournemouth.*

Remaining on 1-1-40			Admitted during the year.			Discharged during year.			Remaining on 31-12-40.		
M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
—	2	—	—	2	—	—	4	—	—	—	—

*Other Institutions.*

Institution.	Condition for which treated.	Remaining under treatment on 1-1-40.			Admitted during Year.			Discharged during Year.			Deaths during the year.			Remaining under treatment on 31-12-40.		
		M	F	Total	M	F	Total	M	F	Total	M	F	T'1	M	F	Total
Princess Elizabeth Orthopaedic Hospital, Exeter	Spine ....	2	1	3				2		2				1		1
	Hip ....				2		2							2		2
	Knee ....				2		2	1		1				1		1
	Sacroiliac Joint....	1	1	2				1	1	2						
Mount Gold Orthopaedic Hospital, Plymouth	Hip ....				1		1	1		1				1		1
	Abdomen ....	1	1	2				1		1				1		1
Royal Devon and Exeter Hospital Exeter	Neck ....				2		4	2	2	4				1		1
	Glands ....				2		4	2	2	4						
	Breast ....				2		2	2		2				1		1
	Genito-urinary ....	1	1	2				2	2	2				1		1
	Hip Joint ....				2		2	2		2						
	Ischio-Rectal ....				1		1	1		1				1		1
Total ....		4	3	7	10	6	16	10	8	18				4	1	

## TUBERCULOSIS DISPENSARY.

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.			
	Adults.		Children		Adults.		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number of NEW CASES diagnosed as Tuberculous during the year ....	41	28	5	5	9	7	6	3	50	35	11	8
Card Transfers ....	17	8	1	1	2	—	2	—	19	8	2	1
Number of cases written off the Dispensary Register as :—												
Recovered ....	6	1	3	2	1	3	1	—	7	4	4	2
Dead (all causes) ....	30	8	1	—	1	—	—	—	31	8	1	—
Removed to other areas ....	25	10	1	3	2	—	1	2	27	10	2	5
For other reasons ....	1	10	—	1	1	—	—	—	2	11	—	1
Number of Persons on Dispensary Register on December 31st :—												
Initially Tuberculous	114	85	22	25	31	28	35	20	145	113	57	45

## BACTERIOLOGICAL EXAMINATIONS.

During the year 78 specimens of Sputa and 10 other specimens were examined at the Dispensary.

## X-RAY EXAMINATIONS.

During the year 205 X-ray examinations had been made (49 for screen only). Of this total 84 examinations were made on behalf of the Ministry of Labour and National Service.

## VENERЕAL DISEASE.

With the approval of the Ministry of Health, arrangements have been made between the Royal Devon and Exeter Hospital, the Devon County Council and the City Council of Exeter, for the treatment of these diseases at a special department of the Hospital.

The hours of attendance are as follows :—

Men	....	Mondays, 3—5 p.m., and
		Fridays, 6—8 p.m.
Women	....	Fridays, 3—5 p.m.

If in-patient treatment is necessary, special beds are available in the Hospital.

Unmarried female patients are admitted to St. Mary's Home, by arrangement with the authorities of the home, for in-patient treatment by the surgeon in charge of the clinic.

The following figures relate to the City only. Number of cases dealt with during the year at, or in connection with, the out-patient clinic for the first time and found to be suffering from :

(a) Syphilis	....	....	....	....	9
(b) Chancroid	....	....	....	....	—
(c) Gonorrhoea	....	....	....	....	36
(d) Conditions other than venereal	....	....	....	....	66

Total attendance of cases during the year at out-patient clinic, 3423.

Examination of pathological material :—

For detection of spirochetes	....	....	....	4
For detection of gonococci	....	....	....	355
For Wassermann and Meinicke reaction	....	....	....	316
Other reactions	....	....	....	36

The City's share of the expenses for the year amounted to £708 9 5

The following figures apply to the entire department and are not given separately for the City and County :—

Number of cases who ceased to attend out-patient clinic :—	
Before completing a course of treatment	29
Number of cases transferred to other treatment centres or to care of private practitioners	30
Number of patients discharged from out-patient clinic after completion of treatment and observation	128
Number of cases which ceased to attend after completion of treatment, but before final tests of cure	10
Number of cases who, on 31.12.40 were under treatment or observation	96
	293

The total number of cases under treatment at the end of the year showed an increase of 24. The number of defaulters has decreased considerably. The expected increase in the incidence of venereal disease due to war conditions has not materialised hitherto.

Attendances are not limited to clinic hours, but patients attend on other days and hours for interim treatment.

These arrangements are intimated to all doctors commencing practice in Exeter. Four medical practitioners were supplied with arsено-benzol compounds free, amounting to 26 doses in all.

#### INFANT LIFE PROTECTION.

On the 31st December, 1940, there were 68 foster children in the City and the number of registered foster mothers was 62.

The health visitors paid 414 visits to foster mothers during the year. The figures for the previous year were 75, 67 and 457 respectively. Necessary action was taken whenever conditions were found to be unsatisfactory, and everything possible was done to encourage foster mothers to attend the child welfare centres regularly with their children when these were of appropriate age.

No legal proceedings were taken.

## MATERNITY AND CHILD WELFARE.

The disturbance to this work and the manner in which the various difficulties were overcome were described in the report for 1939.

The three buildings used by the four Child Welfare Centres continue to be equipped as A.R.P. First Aid Posts. They are also used for the meetings of the Municipal Ante-Natal and Post-Natal Clinics, and for the Clinics conducted by the Exeter Maternity and District Nursing Association on behalf of the Council in accordance with arrangements made under the Midwives' Act, 1936. Two of these buildings are used in the mornings during term time by the Education Committee as branch Minor Ailment Clinics, and all of them are used as centres under the scheme for Immunisation against Diphtheria.

All these activities have been working smoothly during the year and it will be seen that very good use is being made of the Alice Vlieland Welfare Centre and the two Community Centres erected by the Council in the Eastern and Western Housing Estates not long before the War. The extension of the City in a northerly direction will doubtless create a demand for similar amenities in that district when better times return.

The Municipal Maternity Home has continued in its temporary premises at Mowbray House.

There has been a considerable increase in the number of patients. During the year 231 mothers entered the home, against 128 dealt with in 1939 in part (68) in the old maternity ward at the City Hospital and after the outbreak of war (60) at Mowbray House. In addition 114 mothers were admitted to the Royal Devon and Exeter Hospital against 84 the previous year. There were no maternal deaths at Mowbray House and two at the Hospital. The beds at the latter are reserved for complicated and difficult cases.

There has been, and still is, serious difficulty in obtaining a sufficient staff at the Maternity Home. It is not a question of salaries or conditions, as these compare favourably with those offered elsewhere and recommended by the Ministry of Health. It is due to a very definite shortage of qualified women wishing to practice midwifery. The steps taken by the Central Midwives' Board, following the 1936 Act, to improve the training and raise the standard of midwives generally have not had time to bear fruit, and the war has interfered seriously with the arrangements. Old and inefficient midwives have been eliminated by the compensation scheme. Others have accepted compensation and left the profession for various reasons. At the same time the number of new entrants has diminished. It will take several years to adjust the position. In the meantime, staff difficulties are likely to continue.

It is with great regret that I have to record the death of Miss Hunter on 2nd August. Miss Hunter was the senior partner in the original private nursing home, and after the home had been taken over continued to act as Matron.

The reception of mothers and children under school age from Evacuation Areas was described in the last report. Owing to the course of the war many of these had left the City by the end of 1939. In fact, there were only 104 (47 adults and 57 children) in this category, together with an unknown number of unofficial refugees. By Midsummer, 1940, this number had decreased by half.

The intensification of aerial warfare in the early autumn, and the efforts of the Government to induce families to remove from the more dangerous areas, started a fresh migration which continued until the end of the year. In addition to small parties arriving almost daily, the following larger official parties were received and billeted in the City :—

192	mothers and children	on	23rd September.
170	„	„	26th September.
147	„	„	28th September.
73	„	„	30th September.
247	„	„	19th October.
116	„	„	25th October.
159	„	„	8th November.

The Minister of Health recommended that where possible these parties should be accommodated in E.M.S. Hospitals for one or two nights, rested, fed and medically examined before proceeding to billets. Accordingly, the majority of these parties were admitted to the City Hospital and adjoining Children's Home for twenty-four to forty-eight hours. As these parties generally arrived in the late afternoon, this enabled billeting to be carried out by daylight next day, or even the day after. It gave a better opportunity for dealing with any who required medical attention, and enabled the tired families, many of which had come from shelters in London, to rest and refresh themselves before finally settling in their new homes. Obviously the plan depends upon the amount of hospital accommodation available. Fortunately this was sufficient and the scheme worked admirably.

The City Hospital and Children's Home provided overnight hospitality for parties of evacuees destined for the surrounding reception areas, as well as for those earmarked for Exeter.

At the end of the year the Chief Billeting Officer reported that there were in the City official evacuees amounting to 3845 mothers and 6895 children under school age.

The staff of health visitors who also act as School Nurses remains the same as last year, viz. a superintendent, six permanent officers and two temporary ones. The London County Council has lent two school nurses, for school medical duties only.

### I.—CHILD WELFARE CENTRES.

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.	Average No. of Attendances of expectant Mothers
Central District ....	144	58.3	2.3
Western District ....	296	83.9	1.9
Northern District ....	258	64.4	.7
Eastern District ....	313	65.3	1.7

Altogether 1,497 children under school age attended the centres making 13,852 attendances. The figures for the previous year were 1,382 and 15,453. The attendances of the various age groups were as follows :—

Centre.	Under 1.	1 to 2	2 to 3	3 to 4	4 to 5	Total.
Central ....	1590	680	480	166	52	2968
Western ....	2096	919	577	446	230	4268
Northern ....	1832	458	387	363	122	3162
Eastern ....	1560	683	501	445	265	3454
Total ....	7078	2740	1945	1420	669	13852

### II.—MUNICIPAL ANTE-NATAL AND POST-NATAL CENTRE

No. of sessions held .... .... .... .... .... 75

No. of mothers attending .... .... .... .... 318

Total attendances .... .... .... .... 849

Of new cases :—

Ante-Natal .... .... .... .... .... 288

For diagnosis .... .... .... .... ....

Post-Natal .... .... .... .... .... 11

Referred by :—

Doctors at Welfare Centres .... .... .... .... .... 7

Health Visitors .... .... .... .... .... 3

Midwives .... .... .... .... .... 6

Private practitioners .... .... .... .... .... 3

Miscellaneous (e.g., by office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic) .... .... 279

Referred for treatment :—

Dental treatment .... .... .... .... .... 88

Royal Devon and Exeter Hospital .... .... .... .... .... 28

Birth Control Clinic .... .... .... .... ....

Eye Infirmary .... .... .... .... ....

Dispensary .... .... .... .... .... 11

V.D. Clinic .... .... .... .... .... 4

## III.—MIDWIVES ACT, 1936.

Summary of work carried out by the Exeter Maternity and District Nursing Association on behalf of the City Council during the year.

	Total.
No. of cases attended as midwives .....	242
No. of visits as midwives .....	4216
No. of cases attended as Maternity Nurses .....	97
No. of visits to cases as Maternity Nurses .....	1739
Total number of cases seen at the Clinics .....	412
Attendances at the Clinics .....	1710
Examined by Doctor .....	442
Visits to patients' homes .....	1464
Total number of cases seen at the Post-Natal Clinics .....	12
Total number of attendances .....	12
Examined by Doctor .....	10
Total number of Medical Aid Forms, for Mother or Baby .....	72
Total number of Medical Aid Forms, for Mother or Baby, ante-natal .....	11
Total number of cases referred to Hospital .....	23
Total number of cases referred to Hospital, ante-natal .....	—
No. of cases dealt with under lying-in-charity .....	26

During the year 424 mothers attended the Association's Ante-Natal and Post-Natal Clinics making 1,722 attendances. Of this total 452 attendances were to see the Association's medical officers and 1,270 to see nurse-midwives.

The Association also undertakes nursing of the sick poor on behalf of the Public Health Committee. During the year, 1,943 nursing visits were made at the instance of various medical officers employed by the Council.

## IV.—PROVISION OF MILK AND FOODSTUFFS.

Up to 31st July fresh and dried milks were supplied by the Council under the arrangements outlined in previous reports, either free, on part payment, or at cost. During the financial year 1940-41 the cost of milk supplied was £607 16s. 5d. A sum of £271 19s. 1d. was recovered by way of part payment, making the net cost £335 17s. 4d. Thereafter the Government National Milk Scheme came into being and the distribution of liquid milk by the Council ceased. The Centres continued to supply dried and modified milks for infant feeding, but the Maternity and Child Welfare Committee with the approval of the Council altered the income scale to make it coincide with the scale under the National Milk Scheme. On 1st August the scale became :—

Free of cost when the total income of both parents, or of the surviving parent, from all sources, does not exceed :—

Two parents	One parent
40/- per week.	27/6 per week.

To these sums are added 6/- per week in respect of each non-earning dependant.

There is no evidence to show that the nutrition of mothers and children under school age has suffered hitherto in this area as the result of the war.

## V.—BIRTHS.

1,000 notifications of live births were received during the year, 97.1 of the notifications were made by midwives and 2.9 by medical practitioners or relatives.

In 217 instances the midwives summoned medical help, in accordance with the rules of the Central Midwives Board, while 47 other notifications in connection with still births, artificial feeding, etc., were received.

The amount paid by the Local Authority to doctors under the Midwives Act was £347 5s. 0d. of which £121 0s. 3d. was received back from patients in part payment.

The conditions for which the midwives summoned medical aid were as follows :—

Premature labour	....	....	....	5
Ruptured perineum	....	....	....	57
Prolonged labour	....	....	....	33
Abnormal presentation	....	....	....	15
Ante-partum haemorrhage	....	....	....	5
Post-partum haemorrhage	....	....	....	6
Adherent placenta	....	....	....	1
Stillbirth	....	....	....	5
Albuminuria	....	....	....	9
Miscarriage	....	....	....	10
Rise of temperature	....	....	....	4
Unsatisfactory condition of mother	....	....	....	36
Unsatisfactory condition of baby	....	....	....	29
Patient's wish	....	....	....	2

## VI.—STILLBIRTHS.

The number of stillbirths during the year was 37. Of these 16 were attended by doctors and 21 by midwives.

These may be classified as follows :—

	Macerated, <i>i.e.</i> , died at some time prior to birth.	Non- Macerated.
Difficult labour and abnormal presentations	1	14
Malformation of Infant .....	—	3
Toxaemia of pregnancy and albuminuria .....	1	2
Ante-Partum Haemorrhage .....	2	2
Ill-health of, or accident to mother .....	5	3
No cause assigned .....	2	2
Totals .....	11	26

## VII.—HOME VISITS UNDER THE NOTIFICATION OF BIRTHS ACTS.

During the year, the health visitors paid 855 first visits and 3,872 subsequent visits to children under the age of 12 months and 6,842 visits to children between the ages of 12 months and 5 years.

The health visitors staff the various centres and clinics and are also school nurses under the Education Committee.

## VIII.—MATERNITY HOME AND SERVICES.

At Mowbray House, Heavitree, 20 beds are provided. The part-time medical officer in charge is Dr. M. Y. Paget. Doctor's cases are, of course, attended by their own medical practitioner. The Home is primarily intended for those mothers who cannot conveniently remain at home during childbirth or who cannot afford to go to a private maternity home. It is also intended to deal with normal maternity work, complicated and difficult cases being admitted to the maternity unit at the Royal Devon and Exeter Hospital.

Patients admitted to Mowbray House .....	231
Patients admitted to Royal Devon and Exeter Hospital .....	114

## IX.—BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred by the Local Authority and granted financial assistance.

Since 1930 a total of 131 cases have been referred. Of these, 15 failed to attend, 6 have left the City, 5 have died, 23 are known to have become pregnant and 24 have been taken off the books for non-attendance. This statement does not include others who decline to make use of the Clinic's services.

## X.—DENTAL TREATMENT.

Arrangements have been made, with the approval of the Ministry and with the consent of the Education Committee, for the dental treatment of expectant and nursing mothers by the School Dental Surgeons.

Summary of the work done during the year 1940 :—

No. of patients seen	....	....	139
No. of visits paid by patients	....	....	509
No. of administrations of gas	....	....	77
No. of teeth extracted under gas	....	....	605
No. of teeth extracted otherwise	....	....	33
No. of dentures fitted	....	....	97
No. of teeth replaced	....	....	887
Other operations	....	....	53

Total cost of dental treatment for 1940-41 was £463 14s. 10d. of which £33 15s. 6d. was received back from patients.

## XI.—ORTHOPAEDIC TREATMENT.

During the year 32 children from the Infant Welfare Centres received treatment for the following conditions :—

Congenital deformities	....	....	8
Injuries at birth	....	....	4
Rickets and sequelae	....	....	10
Polio-myelitis	....	....	1
Miscellaneous	....	....	9

## XII.—OPHTHALMIA NEONATORUM.

Year.	Cases.			Vision unim- paired	Vision im- paired	Total Blind- ness	Re- moved from dis- trict	Deaths	Total
	Treated.		Noti- fied						
	At Home	Hos- pital							
1931	6	2	4	6	—	—	—	—	6
1932	11	8	3	11	—	—	—	—	11
1933	7	5	2	7	—	—	—	—	7
1934	6	2	4	5	—	—	—	1	6
1935	7	4	3	6	—	—	1	—	7
1936	7	6	1	7	—	—	—	—	7
1937	1	1	—	1	—	—	—	—	1
1938	3	—	3	3	—	—	—	—	3
1939	1	1	—	1	—	—	—	—	1
1940	4	2	2	4	—	—	—	—	4

It is many years since a case of this disease resulted in injury to vision. There are special facilities for treatment at the West of England Eye Infirmary and there is good co-ordination between this Institution and the V.D. Clinic at the Royal Devon and Exeter Hospital.

Most of the cases reported by midwives under the Board's rules are examples of conjunctivitis due to other causes.

## EXETER ISOLATION HOSPITAL.

Accommodation and ambulance arrangements remain the same.

In addition to the City, the hospital serves the following local authorities by contracts with the City Council :—

St. Thomas Rural District Council.  
 Dawlish U.D.C.  
 Exmouth U.D.C.  
 Budleigh Salterton U.D.C.  
 Ottery St. Mary U.D.C.  
 Sidmouth U.D.C.  
 Seaton U.D.C.  
 Axminster U.D.C. and R.D.C.  
 Honiton T.C. and R.D.C.  
 Crediton U.D.C. and R.D.C.  
 Okehampton T.C. and R.D.C.

Owing to war conditions a number of patients have been admitted during the year from various parts of the County in addition to the above.

The cubicle block extension mentioned in the last Report was completed during the year and came into use on the 1st November. The block comprises 10 single bed cubicles and a simple operating theatre. There is ample administrative and sanitary accommodation in the centre of the block, and in accordance with modern practice, the service corridor is placed at the rear. The block, which constitutes a valuable addition to the Hospital accommodation, was erected under the supervision of Mr. John Bennett, City Architect. My thanks are due to Mr. Bennett for the way in which he has met our requirements in carrying out the plan. The block was formally inspected and opened by the Chairman and Members of the Public Health Committee on 31st October.

At the beginning of the year, 59 fever patients remained under treatment, 9 of these being from the County. During the year 805 patients were admitted, 210 County and 604 City. At the end of the year, 82 patients remained under treatment—30 County and 52 City.

Cases of pulmonary tuberculosis are dealt with under a separate section of this Report.

Disease.	Remain-ing.	Ad-mitted.	Discharged.		Deaths.	Remain-ing at end of year.
			Diag-nosis con-firmed.	Diag-nosis not con-firmed.		
Scarlet Fever	17	223	199	10	2	29
Diphtheria	39	442	407	14	12	48
Tonsillitis	—	—	—	—	—	—
Enteric Fever	2	43	42	—	2	1
Dysentery	—	2	1	—	—	1
Erysipelas	1	9	9	—	—	1
Measles	—	3	3	—	—	—
Whooping Cough	—	4	4	—	—	—
Chickenpox	—	1	1	—	—	—
Rubella	—	2	2	—	—	—
Poliomyelitis	—	2	2	—	—	—
Cerebro-spinal Fever	—	63	49	5	7	2
Pneumonia	—	1	1	—	—	—
Scabies	—	10	10	—	—	—
	59	805	730	29	23	82

## NOTES.

*Scarlet Fever.* 21 cases were complicated by another disease, namely, 7 by rubella, 1 measles and rubella, 11 measles, 1, erysipelas, 1 chickenpox, 1 Sonnè dysentery, 1 paratyphoid B., 1 diphtheria and 1 by osteomyritis of the femur. 3 patients were admitted with "surgical scarlet fever." In 2 cases the disease followed burns or scalds, and in the third septic feet. In 11 cases the diagnosis was not confirmed, 6 being attributed to rubella, 3 to measles and 2 to tonsillitis.

*Diphtheria.* 55 were examples of nasal diphtheria, one being complicated by chickenpox. 15 were examples of laryngeal diphtheria, including one complicated by chickenpox. There were 27 carriers, and in 2 of these, discharge from an ear was found to contain diphtheria bacillus. There was also a case of diphtheritic infection of wounds, following a bicycle accident, admitted after treatment at another hospital. In addition, 4 of the cases were complicated by rubella, 1 mastoid operation, 2 by scarlet fever, 1 by fractured femur, and 1 by chickenpox.

In 14 cases, the diagnosis was not confirmed, being 1 common cold, 1 catarrhal laryngitis, 1 laryngismus stridulus, 9 tonsillitis, 1 catarrhal jaundice with thrush, and 1 Vincent's angina.

*Enteric Fever.* All the admissions were cases of paratyphoid B. except 1. This was a case of typhoid fever with pneumonia admitted from a country district, which ended fatally. The other fatal case was a five-week's-old child of a mother admitted for paratyphoid B.

*Dysentery.* These were cases of Sonnè infection. The one discharged was a child admitted from another hospital, where she had already been under treatment for six weeks for minor injuries, the result of an accident. She was also found to be a diphtheria carrier.

*Erysipelas.* One case was complicated by advanced pregnancy and resulted from a discharging ear. The patient was admitted on 1.11.40 and treated with sulphonamide and serum. A male child was born on 3.11.40. The puerperium was normal.

*Cerebro-Spinal Fever.* One case was complicated by nerve deafness which unfortunately is almost always permanent. In 5 cases the diagnosis was not confirmed, namely, 2 influenza, 1 gastritis with chronic endocarditis, 1 neurosis and 1 post vaccinal encephalitis. In addition one case was found to be pneumococcal meningitis with pneumonia, and this ended fatally.

*Scabies.* 10 cases of scabies were admitted, as these could not be conveniently treated elsewhere. A small number of other admissions were found to have scabies and treated accordingly.

## SMALLPOX HOSPITAL.

By agreement with the County Council, it has been arranged that any smallpox cases arising shall be treated at the County Council's Smallpox Hospital at Upton Pyne.



